



Health Care Authority



MEDICAL DIRECTOR, Uniform Medical Plan Exempt (Full or Part-time)

OPENS: October 3, 2005

LOCATION: Downtown Seattle, Washington

SALARY: \$120,000 - \$135,000 annually for full-time (part-time commensurate with hours), depending on qualifications

REPORTS TO: Uniform Medical Plan Executive Director

CLOSES: Open until filled. Early application is encouraged

Background: The Uniform Medical Plan (UMP) is the state of Washington's self-insured, preferred provider health plan for eligible state, K-12 school employees and retirees, and political subdivisions approved by the Health Care Authority (HCA). Administered by the HCA (a cabinet-level agency of Washington State Government), the plan has been in operation since 1989, and currently enrolls approximately 150,000 members, representing about 40% of state employees.

Role: The Medical Director has overall responsibility for UMP's clinical decision-making. Examples include coverage decisions that require clinical expertise, medical policies, and reviewing credentials of health care providers applying to participate in the UMP network. The position has oversight of medical review activities of the UMP's Third Party Administrator (TPA) and a contracted Associate Medical Director. The UMP Medical Director also provides leadership for other UMP clinical programs such as contracted case management services, and health and wellness initiatives such as the implementation of a Health Risk Assessment (scheduled to be available to UMP enrollees in 2006). The UMP Medical Director chairs the plan's Quality Improvement Committee, the Utilization Management Committee, and the Credentialing Committee. The UMP Medical Director will provide clinical input for UMP benefits and coverage. The UMP Medical Director also represents UMP or the Health Care Authority on interagency workgroups or other external activities

Position Requirements:

- MD or DO with an unlimited, unrestricted license as a "Physician and Surgeon" or "Osteopathic Physician and Surgeon" in the State of Washington.

Desirable Qualifications: The preferred candidate will have at least several of the following:

- Extensive recent experience as a practicing physician, with a preference for the physician to continue some clinical work.
- Strong knowledge of evidence-based medicine, disease-state management and medical quality assurance.
- Experience establishing and implementing health care policy, particularly in the monitoring of quality, appropriateness and utilization of health care services.
- Strong communication and interpersonal skills, and an ability to work with healthcare professionals and others in a variety of settings.
- Experience as a Medical Director for a health plan or facility.
- Knowledge of health insurance practices and/or provider credentialing processes.
- Board certification by an appropriate primary or specialty board.
- Advanced training in areas such as health administration, business or public health.
- High ethical standards and professional integrity

Compensation/Benefits/Hours: Compensation is dependent upon qualifications. UMP offers a solid benefit package that includes a state retirement plan, deferred compensation, 11 paid holidays, paid vacation and sick leave, and a full array of health, dental, life and long-term disability insurance coverage. UMP is open to part-time or full time variables between 0.5 FTE (or 20 hours per week) – 1.0 FTE (or 40 hours per week).

Candidates may apply by submitting the following packet of information:

1. A cover letter describing why you are interested in the position;
2. A curriculum vitae and/or resume including the names of employers, dates of employment, education, licensures, and professional affiliations;
3. A minimum of three professional references; and
4. The profile data sheet on the reverse side of this announcement. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

Application Process:

Mail, fax or email your application materials to the following address:

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia WA 98504-2698	Please use: <u>Medical Director, UMP</u> in the subject line hrmb@hca.wa.gov Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703

Applications will be acknowledged upon receipt, and all candidates will be notified by mail after the final selection has been made.

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

Date _____ Printed name of applicant _____

Applicant's signature _____

Where did you hear about this job? HCA ☐ DOP ☐ Newspaper ad ☐ Mailing ☐ Associate ☐

NOTE: A photocopy of this information shall be as valid as the original

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

Health Care Authority

APPLICANT PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? *If you are more than one race, please check "Other Race".*

- | | | | | | |
|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black | <input type="checkbox"/> Eskimo | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> White |

☐ Other Race (specify indicate race or culture): _____

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

☐ Multi-Racial _____
(Affirmative Action Preference)

2. Are you: ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Services? ☐ Yes (if checked, see 3a and 3b)
☐ No

3a. Dates served: from: _____ to _____ 3b. Are you a disabled veteran? ☐ Yes (____ %) ☐ No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? ☐ Yes ☐ No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

Date of Birth: ____/____/____

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.